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08/05/2005 MBEYENE2 00000207 190733 10808503

700.00 DA

01 FC:2501 02 FC:1504

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03 FC-8004 DA

FILING DATE

03/25/2004

FIRST NAMED INVENTOR Ching-Hsiang Hsu

001409.00012

ATTORNEY DOCKET NO.

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CONFIRMATION NO. 6569

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(Date)

TITLE OF INVENTION: LACTOBACILLUS PARACASEI STRAIN GM-080 FOR TREATING ALLERGY RELATED DISEASES

APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$300	\$1000	09/01/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS]	
WARE, DEBORAH K		1651		424-093450	•	
CFR 1.363). Change of correspon Address form PTO/SB/ "Fee Address" indice PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AN! PLEASE NOTE: Unles recordation as set forth it (A) NAME OF ASSIGN GenMont Biot	ation (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO B as an assignee is identified bein 37 CFR 3.11. Completion NEE	Correspondence ation form e of a Customer E PRINTED ON T clow, no assignee cof this form is NOT (B)	(1) the na or agents (2) the na registered 2 registered listed, no HE PATEN at a will app a substitute (1) RESIDENCE (2) the name of the n	pear on the patent. If an assign for filing an assignment. CE: (CITY and STATE OR COU	a member a 2 2 3 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
4a. The following fee(s) are XXX Issue Fee XXX Publication Fee (No XXX Advance Order - # of 5. Change in Entity Status □ a. Applicant claims S	e enclosed: small entity discount permitte of Copies 10 s (from status indicated above SMALL ENTITY status. See	4b.	Payment of A check Payment The Dire Deposit Acc		closed. B is attached. Charge the required fee(s), or (enclose an extra or LL ENTITY status. See 37 C	credit any overpayment, to copy of this form). CFR 1.27(g)(2).
Authorized Signature	Sarah A. Kagan	log		Date Aug	gust 4, 2005 No. 32,141	

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